

# Isaac Stevens

## Middle School

*Stevens Tigers provide a positive and caring environment focusing on education for all with high levels of learning and personal achievement through a collaborative system of support.*

Dear Parent/Guardian,

The adolescent years are marked by a roller-coaster ride of emotions—challenging for students and their parents. It can be hard to tell the difference between normal adolescent turmoil and what might be a mental health concern. Depression is becoming more common among young people and appears to be affecting students at an earlier age. Depression is treatable; but untreated depression is a leading risk factor for suicide.

To proactively address these issues, our school is offering suicide prevention education using SOS Signs of Suicide. SOS encourages students to seek help if they are concerned about themselves or a friend. SOS is an evidence-based program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression, as well as a reduction in actual suicide attempts.

Our goals in participating in this program include teaching students:

- that depression is treatable so they are encouraged to seek help
- how to identify serious depression and potential suicide risk in themselves or a friend
- to ACT (Acknowledge, Care and Tell a trusted adult) if concerned about themselves or a friend
- who they can turn to at school for help, if they need it

Students will watch an age-appropriate video and participate in a guided discussion about depression, suicide, and what to do if they are concerned about a friend. Following the video, students will complete a short screening for depression and a response slip indicating whether they would like to talk to an adult about any concerns.

We encourage you to visit [www.sosignsof suicide.org/parent](http://www.sosignsof suicide.org/parent) for information on warning signs for youth suicide, to access useful resources, and to learn more about the key message all students will learn in class.

If you have any questions or concerns about this program please contact the school. If you **DO NOT** give permission for your child to participate in SOS, please sign and return the form to **Faustino Riojas by March 1st.**

Sincerely,

Raquel Martinez  
Principal

I, \_\_\_\_\_ [parent/guardian name] **DO NOT give permission** for  
\_\_\_\_\_ [student name] to participate in SOS Signs of Suicide.

\_\_\_\_\_ [parent/guardian signature]